

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL									
OMB Number:	3235-0076								
Expires:									
Estimated average burden									
hours per respons	se 16.00								

SEC USE ONLY							
Prefix		Serial					
DATÉ RECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Unique Pizza and Subs Corporation		
Filing Under (Check box(es) that apply):	) 🗌 uroe	
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Unique Pizza and Subs Corporation	07040882	
Address of Executive Offices (Number and Street, City, State, Zip Code) 302 West Otterman Street, Greensburg, PA 15610	Telephone Number (Including Area Code 724-216-0220	)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Cod	e)
Brief Description of Business Pizza Franshises and Operation of Pizza Shops	PROCES	
Type of Business Organization  organization  limited partnership, already formed  business trust  limited partnership, to be formed	please specify: JAN 2 5 2	3 <del>E</del> U )07
Month Year  Actual or Estimated Date of Incorporation or Organization: 111 013 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated THOMSOI	V L

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

# State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

		A. BÁSIC IDI	INTIFICATION DATA		
2. Enter the information rec	quested for the fol	lowing:			
Each promoter of the second control of	ne issuer, if the iss	uer has been organized w	ithin the past five years;		
Each beneficial owr	ner having the pow	er to vote or dispose, or di	ect the vote or disposition	of, 10% or more o	f a class of equity securities of the issue
Each executive offi	cer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner o	f partnership issuers.			
		<u> </u>	_		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Vowler, James C.	individual)				
Business or Residence Address 302 West Otterman Street	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Vowler, William A.	individual)				,
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
302 West Otterman Street	, Greensburg, F	A 15610			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Dugita, Thomas	`individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
302 West Otterman Street	, Greensburg, F	PA 15610			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			•	•
Spence, Robert P.					
Business or Residence Addres 302 West Otterman Stree	,	Street, City, State, Zip Co PA 15610	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	· ·	<del>-</del>	· · · <u> </u>	
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	•			
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
	(Hea bloa	k cheet or convend use	additional conies of this sl	heet or necessary	,

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?   Selection   Selectio			٠.			В. І	NFORMAT	ION ABOU	T OFFER	NG				
Answer also in Appendix, Column 2. If filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?		lloo tha	iaanaa aal	dd	h.a.::		.11	:	·	L:60	.:n			
2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Eater the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with safes of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, come may sociated person or agent of a broker or dealer, so the sociated persons of such a broker or dealer. Journal was to from the information for that broker or dealer only.  Full Name (Last name first, if individual)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and S	١.										· <u>L</u>	<u>[X]</u>		
3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer associated persons of such a broker or dealer, you may set forth the information for that broker or dealer each only.  Full Name (Last name first, if individual)  None  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC PL GA HI States  (Check "All States" individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI DD MA MI MN MS MO MN MS MO MN MS MN MS MO MN MS MN MS MO MN MS	2.	· · · · · · · · · · · · · · · · · · ·										s 10	0.00	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar renumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC End/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  None  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC CL CA HI DD DC DC CA HI DD DC DC CA HI DD DC		what is the minimum investment that will be accepted from any individual?											No	
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						·····
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MT NE NV NH NJ NM NY NC ND OH OK OR PA														
RI SC SD TN TX UT VT VA WA WV WI WY PR														

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	€ 0.00	§ 0.00
	Equity		\$ 718,993.00
	✓ Common ☐ Preferred	Ψ	<u></u>
	Convertible Securities (including warrants)	c 0.00	0.00
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total		\$ 718,993.00
	Answer also in Appendix, Column 3, if filing under ULOE.	3	\$ 110,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		<b>.</b>
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		§ 718,993.00
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)	78	\$ 718,993.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	§ 0.00
	Regulation A		s 0.00
	Rule 504		\$ 718,883.00
	Total		s 718,883.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fees	<b>Z</b>	\$ 2,000.00
	Printing and Engraving Costs		\$ 300.00
	Legal Fees		\$ 0.00
	Accounting Fees	_	\$ 0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		\$ 2,300.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "ac	djusted gross	\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an e the payments listed must equal the ad	estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 312,231.00	\$ 296,694.00
	Purchase of real estate		\$_0.00	S 0.00
	Purchase, rental or leasing and installation of mac and equipment	hinery	<u> </u>	☐ \$ 1,600.00
	Construction or leasing of plant buildings and faci			s 0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		\$\\ 0.00 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Repayment of indebtedness			
	Working capital			<b>□</b> *
	Other (specify):			s 0.00
			<u></u> \$_0.00	\$
	Column Totals			\$ 627,769.00
	Total Payments Listed (column totals added)			000,000.00
H	The state of the s	D. FEDERAL SIGNATURE	Bulling of the constitution	deriteralitätiks.
ig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accr	nish to the U.S. Securities and Excha	nge Commission, upon writter	
SSI	uer (Print or Type)	Signature	Date	
Ur	ique Pizza and Subs Corporation	1 ym	1-10-03	7
	ne of Signer (Print or Type)  Tomes C, Vouler	Title of Signer (Print or Type)  President   CEC	1 Airector	

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
	I,	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes No provisions of such rule?
		See Appendix, Column 5, for state response.
	2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
, °s.	3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
	4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
		er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned horized person.
	-	Print or Type)  Pizza and Subs Corporation  Signature  1-10-07
	_	Mes C. Voular President (E) (Director

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	in .	Walter Walter		Al	PPENDIX				
	Intend to non-a	2 I to sell ccredited s in State -Item !)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				lification lification ate ULOE attach ation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		×							
AK		×			]				
AZ		×							
AR	×		Common @ .05	4	\$98,000.00	0	\$0.00		×
CA	×		Common @ .05	5	\$4,578.55	0	\$0.00		×
со		×							
СТ		×							
DE		x							
DC		×							
FL	×		Common @ .05	4	\$8,300.00	0	\$0.00		×
GA	×		Common @ .05	1	\$2,500.00	0	\$0.00		×
НІ		×							
ID		×							
iL	×		Common @ .05	2	\$5,000.00	0	\$0.00		×
IN		×							
IA		×							
KS		x							
KY		×							
LA		×							
ME		×							
MD		×							
МА		×							
MI	×		Common @ .05	2	\$32,500.00	0	\$0.00		×
MN		×							
мs		×							

APPENDIX

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1	:	2	3			4		5 Disgual	ification
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		under Sta (if yes, explana	te ULOE attach of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	×		Common @ .05	3	\$9,000.00	0	\$0.00		×
MT		×							
NE	×		Common @ .05	1	\$20,000.00	0	\$0.00		×
NV		×							
NH		×							
NJ		×							
NM		x							þ-
NY		×							
NC	×		Common @ .05	15	\$364,000.0	0	\$0.00		K
ND		×							
ОН		×							
ок		×							
OR		×							
PA	×		Common @ .05	14	\$29,900.00	0	\$0.00		×
RI		×							
sc	×		Common @ .05	1	\$10,000.00	0	\$0.00		×
SD		×							
TN	×		Common @ .05	4	\$101,000.0C	0	\$0.00		x
TX	×		Common @ .05	19	\$19,214.60	0	\$0.00		×
UT		×							
VT		×							
VA		×							
WA		×							
wv		×							
WI	×		Common @ .05	2	\$15,000.00	0	\$0.00		×

APPENDIX

1		2	3			4			i lification ate ULOE	
'	to non-a investor	to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and ex amount purchased in State wa (Part C-Item 2)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		×								
PR		×								